

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571,991

FILING DATE

3-15-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		1				
12		1				
13		1				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		1				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		1				
32		0				
33		0				
34		0				
35		0				
36		0				
37		1				
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	38					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						